

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012446

318

1003

2939

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

2 226

3

4 1

5 2

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7 0

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12 68-0

13

68

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAR 26 1962

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Saint LouisLength of stay in 1b  
Lifec. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Mo. Baptist HospitalInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTYc. CITY OR TOWN Saint Louis Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 2113a Salisbury Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

Emma

Becker

March

14

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/7/85

9. AGE (last birthday)

76 years

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Waitress

10b. KIND OF BUSINESS OR INDUSTRY

Cafeteria

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Bomlitz

13b. MOTHER'S MAIDEN NAME

Frances Zumsteg

14. NAME OF HUSBAND OR WIFE

Late Harry Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr. Earl Becker, 2120 Florissant Rd. (35)

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Hypertension Heart Disease 5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial infarction

DUE TO (c)

Renal Arteriosclerosis 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6/22/60 to 3/14/62 and last saw her alive on 3/14/62  
Death occurred at 8:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl Becker (Degree or title)

M.D.

22b. ADDRESS

390 W. St. Anthony Florissant

22c. DATE SIGNED

3/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3/17/62

23c. NAME OF CEMETERY OR CREMATORY

Friedens Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri.

24. FUNERAL DIRECTOR

ADDRESS

CALVIN F. FEUTZ 4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

MAR 17 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

File in city.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Robert E. MuhlemanLicensed Embalmer No. 4916P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.